

Foster Family Home - Corrective Action Report

Provider ID: 1-100113

Home Name: Menes Saoit, CNA

Review ID: 1-100113-9

94-414 Opeha Street

Reviewer: Pamela Perry

Waipahu

HI 96797

Begin Date: 7/30/2020

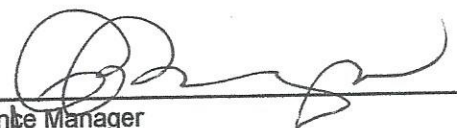
Foster Family Home Required Certificate

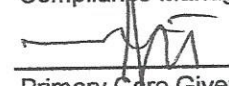
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Unannounced visit made on 7/30/20 for a 3 bed CCFFH Recertification Inspection. Home in compliance with all regulations. Home will receive a 3 bed certificate.


Compliance Manager


Primary Care Giver

7/30/20
Date

07/30/20
Date